MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11010

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
STREET ADDRESS (If rural, give location) 6 Mi. So. Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) Leah (Middle) D. (Last) Beachy
4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4/21/1857
9. AGE last birthday: 94 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Daniel J. Beachy
14. MOTHER'S MAIDEN NAME: Elizabeth Yoder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Mrs. D. L. Swartzentruber R. D. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

420.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1951, to Nov. 29, 1951, that I last saw the deceased alive on 28 Nov., 1951, and that death occurred at 9:20 A. m., from the causes and on the date stated above.

SIGNATURE: A E Maney (Degree or title) MD ADDRESS Oakland - Md DATE SIGNED 30 Nov 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/1/1951 | NAME OF CEMETERY OR CREMATORY: Beachy Family Cemetery | LOCATION (City, town, or county) (State): near Aurora, W. Va.

DATE REC'D BY LOCAL REG. 12/1/51 | REGISTRAR'S SIGNATURE: Julia A Rowan | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1951
BUREAU V. S.

11011

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, R D 2
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville RD 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HARRISON (Last) BOWERS

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May 10, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Grantsville, RD #2

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James Bowers

14. MOTHER'S MAIDEN NAME: Mary Catherine Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Lawrence Bowers, Grantsville, RD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b) auricular fibrillation.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Embolic gangrene both feet.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 19 49, to 11-20, 19 51, that I last saw the deceased alive on 11-20, 19 51, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alexander Valerio Salisbury Pa 11/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 28, 51 — NAME OF CEMETERY OR CREMATORY: Warnick — LOCATION (City, town, or county) (State): Grantsville, RD #2 Md.

DATE REC'D BY LOCAL REG.: Nov-26-51 — REGISTRAR'S SIGNATURE: Edna Broadwater

24. FUNERAL DIRECTOR: Wm Winebrenner — ADDRESS: Grantsville, Md

100-105

RECEIVED
NOV 28 1951
BUREAU V. S.

11012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) RICHARD (Last) BROWNING.

4. DATE OF DEATH (Month) 11/10/1951 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/29/1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GAS & OIL DISTRIBUTOR,
10b. KIND OF BUSINESS OR INDUSTRY Owner.
11. BIRTHPLACE (State or foreign country) Oakland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN TRUMAN BROWNING
14. MOTHER'S MAIDEN NAME FLORENCE JAMISON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. WILLIAM R. BROWNING, OAKLAND Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH 18 Mos

200.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55 e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1947, to Nov 10, 1951, that I last saw the deceased alive on 9 Nov, 1957, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland DATE SIGNED 12 Nov 57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/13/1951
NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 11/13/57
REGISTRAR'S SIGNATURE Julia S. Rowan
24. FUNERAL DIRECTOR Emory D. Bolden ADDRESS Oakland, Md.

469 - 587

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 6 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finzel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finzel
STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) GEORGE (Last) FINZEL
4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 8-21-1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner
10b. KIND OF BUSINESS OR INDUSTRY: fire clay mines
11. BIRTHPLACE (State or foreign country): Finzel, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Finzel
14. MOTHER'S MAIDEN NAME: Harriet Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY No. 215-10-1275
17. INFORMANT AND ADDRESS: Mrs. John Werner, Finzel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer R Lung — 8 mos

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exhaustion & Infection — 3 mos

46 f (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Nov 14, 1951, that I last saw the deceased alive on Nov 14, 1951, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Allen G. Werner M.D. Cumberland Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-18-1951 — NAME OF CEMETERY OR CREMATORY: Finzel Cemetery — LOCATION (City, town, or county) (State): Finzel, Maryland

DATE REC'D BY LOCAL REG.: Nov. 17-1951 — REGISTRAR'S SIGNATURE: Mrs Julius Michael — 24. FUNERAL DIRECTOR ADDRESS: J. R. Durst, Frostburg, Md.

650-VVV

RECEIVED
NOV 20 1951
BUREAU V. S.

11014

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. VA. COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CORINTH
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Young	Forman	Nov	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	12/15/1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - Construction & Repairing
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FORMAN, ELMER
14. MOTHER'S MAIDEN NAME: DEETS, LYDIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: VERA FRANKHOUSER, CORINTH W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Pulmonary Oedema	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemmorhage	6 days
(c) Arteriosclerosis with Hypertension	5 years (?)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease	(?)

331V
82a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 19, 1951, to Nov. 26, 1951, that I last saw the deceased alive on Nov. 26, 1951, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas E Smith	M. D.	Terra Alta W Va	Nov. 26, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal to Florida	Nov 28, 1951	Terra Alta Cemetery	Terra Alta,	WVa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/28/51	Julia A. Moore	R. Watson	Terra Alta, W.Va.

570-246

RECEIVED
DEC 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11015

Reg. Dist. No. 16C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Md. — LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Friendsville, Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) (Last) FOSBRINK

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 2-1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Bullskin Twp. Fayette Co. Pa. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LUTHER BUTT

14. MOTHER'S MAIDEN NAME: SARAH Elizabeth Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Samuel Fosbrink Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	3 days
Antecedent cause(s)	(b) Uterine Carcinoma	2-3 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

174 X
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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1951, to Nov 28, 1951, that I last saw the deceased alive on Sept, 1951, and that death occurred at 8-30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. B. Mesmore MD — Addison-Pa — 11/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 2-1951 — NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem. — LOCATION (City, town, or county) (State): Bullskan Twp. Fayette Co. Pa.

DATE REC'D BY LOCAL REG. Dec 3, 1951 — REGISTRAR'S SIGNATURE: Kathryn Fike — 24. FUNERAL DIRECTOR: Clyde Brook — ADDRESS: Indian Head, Md

S.C.B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11016

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Line Md. — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Line, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) ANNIE	(Middle)	(Last) GATTERMAN	4. DATE OF DEATH	(Month) Nov (Day) 28 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 6, 1880	9. AGE last birthday 71 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Garrett Co., Md.	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME Jacob Bowser	14. MOTHER'S MAIDEN NAME Susan Brown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Sherman Gatterman, State Line, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	2 days
153X Antecedent cause(s)	(b) Intestinal Carcinoma	?
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct., 1951, to Nov 28, 1951, that I last saw the deceased alive on Nov-27, 1951, and that death occurred at 11.50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. B. Messmore	M.D.	Addison-Pa	11/29/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Dec. 1, 1951	NAME OF CEMETERY OR CREMATORY Addison	LOCATION (City, town, or county) (State) Addison, Somerset Co., Pa.
DATE REC'D BY LOCAL REG. Nov 29/51	REGISTRAR'S SIGNATURE Ethel Broadwater	24. FUNERAL DIRECTOR [signature]	ADDRESS Grantsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Swanton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Maryland.
STREET ADDRESS (If rural, give location) RURAL #5

3. NAME OF DECEASED (Type or Print) (First) FORREST (Middle) DAILY (Last) GOFF
4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 9/13/1906
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) TERRA ALTA? W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ARTHUR FORREST GOFF
14. MOTHER'S MAIDEN NAME ELIZABETH CATHERINE SYPHOLT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS ARTHUR FORREST GOFF, TERRA ALTA W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture 5, 6, 7, 8, 9, 10 Ribs left with laceration lung & hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull left temporal region

(c) Contusion left temporal lobe of brain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bo[illegible] truck
(CITY OR TOWN) Altamont (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 7-1951 1:55 P.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell off box car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 11/8/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/10/1951
NAME OF CEMETERY OR CREMATORY Beverly Hill Cemetery
LOCATION (City, town, or county) Morgantown, W. Va. (State)
DATE REC'D BY LOCAL REG. 11/9/51
REGISTRAR'S SIGNATURE Julia K Rowan
24. FUNERAL DIRECTOR Emroy Boldin ADDRESS Oakland, Md

124-5[illegible]6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11018

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md. LENGTH OF STAY (in this place) 50 yds	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) IDA	(Middle) MAY	(Last) HERSHBERGER	4. DATE OF DEATH	(Month) Nov. (Day) 30 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 9, 1873	9. AGE last birthday 78 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Somerset Co., Pa	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Samuel D Yutzy		14. MOTHER'S MAIDEN NAME Mary E Lepley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Dan Hershberger - Grantsville, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 days
331X Antecedent cause(s)	(b) Arteriosclerosis	10 yrs
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 nov, 1951, to 30 nov, 1951, that I last saw the deceased alive on 30 nov, 1951, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B H Hoke	MD	Salisbury Pa	1 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Dec 2, 1951	NAME OF CEMETERY OR CREMATORY Grantsville	LOCATION (City, town, or county) (State) Grantsville, Garrett Co. Md
DATE REC'D BY LOCAL REG. Dec 1-1951	REGISTRAR'S SIGNATURE Ethel Broadwater	24. FUNERAL DIRECTOR Wm Wintesberg	ADDRESS Grantsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 5 ....
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; LENGTH OF STAY (in this place) 54yrs.; MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller

STREET ADDRESS (If rural, give location) Church Street

3. NAME OF DECEASED (Type or Print): (First) NETTIE (Middle) MAY (Last) HERSHMAN

4. DATE OF DEATH: (Month) NOV. (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug. 26, 1891

9. AGE Last birthday: 60 yrs. If under 1 year: Months 2 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Near Grafton, TaylorCo, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Bradford Spring

14. MOTHER'S MAIDEN NAME: Amanda Arthilea Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Ira Hershman, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immediate
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Cerebral hemorrage with left side	1 Month
	(c) Paralysis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary Heart Disease	8 Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 49, to Nov. 17, 1951, that I last saw the deceased alive on Nov. 17, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandrella (Degree or title) M.D. ADDRESS: Kitzmiller Md. DATE SIGNED: Nov. 20-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF: Nov. 22, 1951; NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery; LOCATION (City, town, or county) (State): Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. NOV 21-51; REGISTRAR'S SIGNATURE: A W Barnick

24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAROON RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville
LENGTH OF STAY (In this place) 30 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) -- (Last) Holmes

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-1-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Instructor of Music&Art

10b. KIND OF BUSINESS OR INDUSTRY: Ind herown Place)

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles A Holmes

14. MOTHER'S MAIDEN NAME: Tempe Tingley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary C. Greene. 5460 penn Ave Pittsburgh, 16 Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset and Death: 1 year

331X Antecedent cause(s)

8330 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1957, to Nov 16, 1957, that I last saw the deceased alive on Nov 14, 1957, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. A. Davis M.D. Grantsville Md Nov 17 '57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-18-1951 — NAME OF CEMETERY OR CREMATORY: Grantsville — LOCATION (City, town, or county) (State): Grantsville Md

DATE REC'D BY LOCAL REG.: Nov-17-57 — REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: Grantsville Md

11 21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MIAMI (Middle) ELIZABETH (Last) JOHNSON
4. DATE OF DEATH (Month) NOVEMBER (Day) 12, (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY 11, 1915
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME MERSING, CHARLES
14. MOTHER'S MAIDEN NAME WHITE, CLARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Russell Johnson, Crellin, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
642.1 Immediate cause	(a) Anuria	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis	6 wks
14435	(c) Toxemia of Pregnancy	2 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Nov 12, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 4 55 p m., from the causes and on the date stated above.

SIGNATURE E. F. Baumgartner MD (Degree or title) ADDRESS Oakland Md DATE SIGNED 11/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 15 - 1951
NAME OF CEMETERY OR CREMATORY Asplay
LOCATION (City, town, or county) near Crellin, Md (State)

DATE REC'D BY LOCAL REG. 11/15/51
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emray Bolden Oakland Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC. 6
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: pl[redacted] write the [redacted]uses of death clearly [redacted]d legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1022

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett, Deer Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deer Park, Md. Rural
LENGTH OF STAY (in this place): life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deer Park, Md. Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Wilson (Last) Junkins

4. DATE OF DEATH (Month) (Day) (Year) 19: 11/19/1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6/8/1[illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Farm

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Kitzmiller, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Anderson Junkins

14. MOTHER'S MAIDEN NAME: Kegla Kitzmiller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: James W. Junkins, Loch Lynn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Heart Disease	10 yrs
	(c) Senility	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1945, to 11-19, 1951, that I last saw the deceased alive on 5-1, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE: James H. Feaster (Degree or title) Jr. M.D. ADDRESS: 58 2nd St Oakland, Md DATE SIGNED: 11-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov 22, 1951

NAME OF CEMETERY OR CREMATORY: Nethken Cemetery

LOCATION (City, town, or county) (State): Elk Garden, W. Va.

DATE REC'D BY LOCAL REG.: 11/22/51

REGISTRAR'S SIGNATURE: Julia A Rowan

24. FUNERAL DIRECTOR: Emroy Boldin Oakland Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:
County Garrette
City or town Friendsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrette
City or town Friendsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lyda Savage

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Mar 6 1869

8. AGE: Years 82 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House Work

11. Industry or business Own Home

FATHER
12. Name Noah Humberson
13. Birthplace Maryland

MOTHER
14. Maiden name Jane Boyer
15. Birthplace Maryland

16. Informant
Address Hazelton W.Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 7 1951 (month) (day) (year)

Cemetery or crematory Humberson Cem-
Location Near Friendsville Md

18. Funeral director E.S. Harned
Address Brandonville W Va

19. Nov 7 1951 (Date rec'd by registrar) Kathryn Fike. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1951 at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10 1949 to November 4 1951
and that I last saw h[illegible] alive on November 4, 1951

Immediate cause of death	DURATION
Chronic Congestive Heart failure	2 years
Due to Arteriosclerotic Heart Disease	
Due to 420.0	
Other conditions none	
932 (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Milton Jeffers MD
M. D. or other
Address Friendsville, Md Date signed Nov 5, 1951

MARYLAND STATE DEPARTMENT OF HEALTH 11624

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Garrett — Accident — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident, Md. Rural
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Edward (Last) Sebold

4. DATE OF DEATH: (Month) (Day) (Year) 11/3/1951 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/20/1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of a farm

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): McHenry, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Sebold

14. MOTHER'S MAIDEN NAME: Catherine Grower.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-12-8286

17. INFORMANT AND ADDRESS: Mrs. George Sebold, (wife) Accident, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Stomach	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma of Liver	6 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1951, to Nov 3, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: A.E. Mann (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 5 Nov 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/6/1951 — NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery — LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 11/6/1951 — REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden — ADDRESS Oakland, Md.

150-165

RECEIVED
NOV. 16 1951
BUREAU V. S.

11025

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5mi. West of Bloomington — LENGTH OF STAY (In this place) 2yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Bloomington

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5mi. west of bloomington
STREET ADDRESS (If rural, give location) Near Bloomington

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) Sue (Last) Virts

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Sept 6, 1949

9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No occupation

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Virts

14. MOTHER'S MAIDEN NAME: Virginia Brendlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John Virts Bloomington, Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia, entire right lung with empyema and fistulous tract, chest, emaciation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 7 days

(c)

9160
180

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office building, etc.) Home — (CITY OR TOWN) Near Swanton — (COUNTY) Garrett — (STATE) Md

TIME OF INJURY (Month) Nov. (Day) 4 (Year) 1951 (Hour) 11 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Home. Burned to death

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M D — ADDRESS Oakland Md — DATE SIGNED 11/5/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 6, 1951 — NAME OF CEMETERY OR CREMATORY Bloomington — LOCATION (City, town, or county) Bloomington, Md — (State)

DATE REC'D BY LOCAL REG. Nov 7 1951 — REGISTRAR'S SIGNATURE Roxey Pattison

24. FUNERAL DIRECTOR — ADDRESS Ellsworth S Rexx Boal, Westernport Md.

RECEIVED
NOV 7 1951
BUREAU V. S.